

# Tongue 'n' Cheek... and Teeth, too!



## First dental exam by age 1, because 'Baby Teeth Matter'

The Centers for Disease Control and Prevention reports cavities in children ages 2-5 have increased 14 percent in the last decade. Tooth decay, a preventable disease, is five times more prevalent than asthma in American children.

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A lifetime of healthy, pain-free smiles begins with a dental exam around a child's first birthday – that's the focus of the Wisconsin Dental Association's "Baby Teeth Matter" public awareness campaign now in its third year.

"The WDA wants parents to know the first dental visit is as important a milestone in a baby's first year as the first hug, first smile and first step," explained WDA President Dr. Timothy Durtsche of La Crosse, Wis.

"Relatively simple, painless and inexpensive, the infant oral health exam is an important 'first' in a young child's life," Dr. Durtsche added.

The Centers for Disease Control and Prevention reports cavities in children ages 2-5 have increased 14 percent in the last decade. Tooth decay, a preventable disease,

is five times more prevalent than asthma in American children.

However, a February 2005 Children's Dental Health Project report found 5-year-olds who had

Early examination and identification of high-risk children by a dentist followed by appropriate intervention, such as fluoride varnish, treatment of small cavities or referral to a specialist, combined with education of parents and caregivers can prevent dental disease and significantly reduce the long-term costs and pain associated with undiagnosed decay.

Visit [WDA.org](http://WDA.org) for "Baby Teeth Matter" resources, including vid-

eo clips on how to prevent early childhood tooth decay. Post comments about the "Baby Teeth Matter" campaign or ask questions about children's dental health on the WDA Facebook wall. Use the #babyteethmatter hash tag when sending tweets on Twitter to connect quickly with more tips to help keep young smiles healthy.

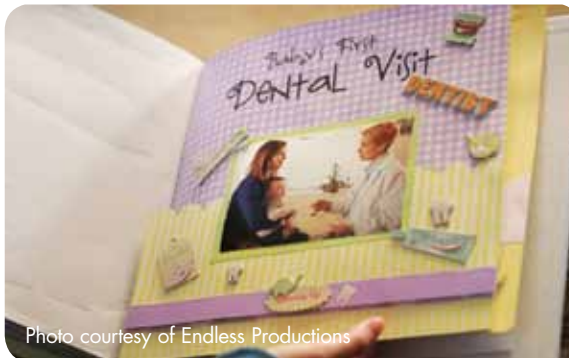


Photo courtesy of Endless Productions

their first dental visit at age 1 incurred oral health-related costs at a rate about one-half that of their peers who didn't see a dentist until age 5.

The WDA, American Dental Association and American Academy of Pediatric Dentistry recommend children be examined by a doctor of dental surgery (DDS) or doctor of dental medicine (DMD) no later than age 1.

Sign up for **FREE** Tongue 'n' Cheek... and Teeth, too! e-newsletter

Register online for upcoming issues of the new, quarterly WDA patient e-newsletter so you don't miss important oral health news and dental tips!





# A dentist's role in sleep apnea

CPAP is a device which improves breathing while you sleep. It supplies air through the nasal passages to keep the airway open.

Sleep apnea is a common and potentially life-threatening medical disorder that happens when your regular breathing is interrupted during sleep.

This most commonly occurs when tissue in the back of the throat collapses and blocks the airway, reducing the amount of oxygen delivered to organs including your heart and brain.

Sleep apnea can affect any one at any age, although men are more likely to develop the disorder.

## Two main types

**Obstructive sleep apnea** – The more common form, it is the result of blocked airflow during sleep, usually when the soft tissue at the back of the throat collapses while you sleep. Health factors, such as obesity may contribute.

**Central sleep apnea** – Results from a problem with how the brain signals the breathing muscles. The airway is not blocked; instead the brain fails to signal the muscles to breathe.

Dentists do not treat this rarer type of sleep apnea which can occur with conditions such as heart failure, brain tumors, brain infections and stroke.

## When to see a doctor

People with obstructive sleep apnea usually do not remember waking up during the night.

Symptoms may include:

- Loud snoring
- Sleepiness or lack of energy during the day
- Recurrent awakenings or insomnia
- Morning headache
- Awakening with a dry mouth or sore throat
- Waking from sleep with a choking sound or gasping for breath

Consult a medical professional if you experience shortness of breath or excessive daytime drowsiness.

## Diagnosis required

Based on your signs and symptoms, your physician may schedule an evaluation, or refer you to a sleep disorder physician or a dentist trained in sleep disorders.

At a sleep disorder center, a sleep specialist may recommend a nocturnal polysomnography or home sleep test to measure heart rate, blood oxygen level, airflow and breathing patterns during sleep.

Test results show a drop in oxygen level if obstructive sleep apnea

is present, and a physician can prescribe an appropriate therapy.

Proper diagnosis and treatment should involve a joint effort between a physician, sleep disorder physician and dentist trained in sleep disorders.

## Treatment options

Treatment options for obstructive sleep apnea vary depending on the severity of the disorder.

Lifestyle changes may be recommended to treat milder cases such as losing weight, quitting smoking, avoiding alcohol or altering the sleeping position.

For moderate or severe obstructive sleep apnea, other treatments, including continuous positive air pressure (CPAP) or oral appliances, are available.

CPAP is a device which improves breathing while you sleep. It supplies air through the nasal passages to keep the airway open.

Oral appliance for obstructive sleep apnea look similar to an athletic mouthguard. They are designed to reposition the jaw and tongue to improve airflow.

Dentists with training in oral appliance therapy are familiar with the various appliances and, in consultation with a patient's physi-

cian, can determine, design, construct and fit an appliance to meet a patient's individual situation and condition.

This therapy could take several weeks to months to complete. It will include monitoring by the dentist to evaluate the response of the teeth and jaws to the treatment.

In more complex cases, surgical procedures performed by an oral and maxillofacial surgeon may be necessary.

If left untreated, obstructive sleep apnea can result in a number of health problems including:

- High blood pressure
- Stroke
- Heart failure, irregular heart-beat and heart attack
- Diabetes
- Depression
- Worsening of ADHD

**A confirmed diagnosis is required from a physician before any treatment can be administered by a dentist.**

Because obstructive sleep apnea can be a silent condition, it can go undiagnosed for several years. Talk with your physician if you have experienced symptoms to ensure your condition is identified and properly treated.

## Dental FAQs

**Toothpaste: when should kids begin using it and how much should be used?**

Baby teeth are at risk for decay as soon as they first appear which is typically around six months.

The good news is that tooth decay is preventable! Starting at birth, clean your child's gums with a soft, infant toothbrush or cloth and water.

When your child's teeth begin to come in, brush baby teeth twice a day with a child-size toothbrush and "smear" of fluoridated toothpaste according to the American Academy of Pediatric Dentistry.

For 2 to 5-year-olds, dispense no more than a "pea-size" amount of fluoridated toothpaste and help your child brush.

Remember that young children do not have the coordination to brush their teeth effectively.

Children should spit out and not swallow excess toothpaste after brushing.



Comparison of a smear (left) with a pea-sized (right) amount of toothpaste.

# The facts about silver-colored fillings

Sensationalized reports may increase viewer and reader numbers, but they do a disservice to patients everywhere who seek legitimate, science-based information about safe and affordable oral health care options.

Silver-colored fillings or dental amalgam was recently the subject of a made-for-TV "investigation" on a nationally-syndicated talk show hosted by a celebrity doctor.

The American Dental Association – the largest and oldest national dental association in the world and an organization that actively promotes evidence-based care – is setting the record straight on this often criticized material for treating tooth decay.

**FACT:** Dental amalgam (a.k.a., silver-colored fillings) has been used for generations, because it is safe, durable and affordable.

Today, amalgam is one of several available treatment options, along with tooth-

colored materials and gold or precious metal alloys.

What material you and your dentist decide to use is based on several factors: size and location of your cavity, insurance coverage, cost and visual appearance. There is no "one size fits all" approach.

Major health and science organizations worldwide agree extensive scientific evidence proves amalgam is safe and effective for dental patients. Read statements about dental amalgam safety from the American Academy of Pediatrics, National Multiple Sclerosis Society and Alzheimer's Association among others at: <http://bit.ly/ZjqfFO>.

As for that recent TV "science" demonstration, credible, peer-reviewed studies show the amount of vapor released from amalgam fillings in the human mouth is so small it's in the billionths of a single ounce. It would take nearly 300 amalgam fillings in real life for even the most-sensitive person to develop symptoms.

Of course, the best dental filling is no dental filling. Brush, floss and eat a balanced diet daily to help prevent cavities. And, talk with your dentist about treatment options.

The Wisconsin Dental Association and our member dentists and dental hygienists remind you, "We love to make you smile!"



**POWER** **SCORE 1,000**

Kids will spend 57 minutes making octopi go splat.

How about two minutes to brush their teeth?

Brushing for two minutes now can save your child from severe tooth pain later. Two minutes, twice a day. They have the time. For fun, 2-minute videos to watch while brushing, go to [2min2x.org](http://2min2x.org).

**Ad Council** **Healthy Mouths Healthy Lives**

**Myth:** Studies show that fluoride is linked to lower IQ scores in children.

**Fact:** Recent studies conducted in China, Mexico and India have raised questions about the potential effects of high levels of fluoride on intelligence and behavior.

However, these studies were poorly designed, gathered unreliable data and were not peer-reviewed by independent scientists.

Foreign studies cited involved fluoride levels that were at least double or triple the level used to fluoridate drinking water in the U.S. It is irresponsible to claim these studies have any real meaning for our situation in the U.S.

Researchers who evaluated these studies also pointed out that the lower IQs could be traced to other factors, such as arsenic exposure, the burning of high-fluoride coal inside homes and the eating of contaminated grain.

Source: [fluoridescience.org](http://fluoridescience.org) and [ilikemyteeth.org](http://ilikemyteeth.org).

**NEW!**

Visit [WDA.org](http://WDA.org) now for a tooth eruption chart.

**WDA Baby Teeth Matter.**

**Primary (Baby) Tooth Development**

Upper Teeth	Erupt	Lost*
Central incisor	8-12 months	6-7 years
Lateral incisor	9-13 months	7-8 years
Canine (cuspid)	16-22 months	10-12 years
First molar	13-19 months	9-11 years
Second molar	25-33 months	10-12 years

Lower Teeth	Erupt	Lost*
Second molar	23-31 months	10-12 years
First molar	14-18 months	9-11 years
Canine (cuspid)	17-23 months	9-12 years
Lateral incisor	10-16 months	7-8 years
Central incisor	6-10 months	6-7 years

\* Primary (Baby) teeth are shed (fall) and replaced with permanent (adult) teeth.



# Infection control in dental offices



Your doctor of oral health welcomes the opportunity to explain and demonstrate dental office infection control to you.

Recent news reports have heightened public interest in infection control procedures in the dental office.

Dental office inspection regulations are determined at the state level. In Wisconsin, this is the responsibility of the Department of Safety and Professional Services and its Dentistry Examining Board.

The American Dental Association and Wisconsin Dental Association actively promote the use of standard precautions to ensure the safety of everyone – patients, staff and dentists – in the dental office.

Educational materials and trainings help our members maintain compliance with state and federal regulations for office environmental safety, dental waste management and patient privacy (e.g., Occupational Safety and Health Administra-

tion, Centers for Disease Control and Prevention, Health Insurance Portability and Accountability Act and state X-ray rules).

Studies show following proper infection control procedures (CDC Infection Control in Dental Health Care Settings guidelines) greatly reduces risk to patients and health care workers and makes the spread of diseases, like hepatitis and HIV, an extremely remote possibility.

Infection control in the dental office involves use of masks, gloves, eyewear and surface disinfectants and sterilizing reusable dental devices.

Disposable wear is discarded after each patient. Members of the treatment team scrub their hands and put on a new pair of gloves before seeing the next patient.

Before you enter the examining room, all surfaces, such as the dental chair, dental light, instrument tray, drawer handles and countertops, are cleaned and decontaminated. Some offices may cover this equipment with protective covers which are replaced after each patient.

Non-disposable items like dental instruments are cleaned and sterilized between patients. Disposable items like needles or gauze are placed in special bags or containers for monitoring and proper disposal.

Your doctor of oral health welcomes the opportunity to explain and demonstrate dental office infection control to you.

Visit [ADA.org](http://ADA.org) for more information on this topic.



**Public Relations  
Committee Chair**

Carl Meyers, DDS  
West Bend, Wis.

**Executive Director**  
Mark Paget

**Managing Editor**

Emily Bultman  
414-755-4110  
[ebultman@wda.org](mailto:ebultman@wda.org)

**Wisconsin Dental  
Association**

6737 W. Washington St.  
Ste. 2360  
West Allis, WI 53214  
Phone: 414-276-4520  
[info@wda.org](mailto:info@wda.org)

Tongue 'n'  
**Cheek...**  
and Teeth, too!

The Wisconsin Dental Association is pleased to make *Tongue 'n' Cheek... and Teeth, too!* available to our member dentists and their patients as a way of communicating oral health information and promoting quality care.

Information in this publication is provided as patient education only and cannot substitute for the judgment your dentist brings to individual clinical situations. Nothing contained herein is intended as professional dental or medical advice or to be used for diagnosis or treatment. Be sure to consult your dentist with questions about any dental condition.

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We welcome your comments and suggestions regarding this publication.

Be sure to visit us online  
for the latest news on  
everything dental!

[WDA.org](http://WDA.org)



## Sensitive teeth? Check your toothpaste

Is the taste of ice cream or a sip of hot coffee sometimes a painful experience for you?

Does brushing or flossing make you wince occasionally? If so, you may have sensitive teeth.

Tooth sensitivity is caused by the movement of fluid within tiny tubes located in the dentin, or the layer of tissue found beneath the hard enamel.

When the hard enamel is worn down or gums have receded, tiny tube surfaces are exposed. Pain can be caused by eating or drinking hot or cold food/beverages, touching your teeth or exposing them to cold air.

Some toothpastes contain abrasive ingredients that may be too harsh for people who have sensitive teeth. Ingredients found in some whitening and tartar-control toothpastes may increase tooth sensitivity.

Use soft-bristled toothbrushes.

Avoid brushing your teeth too hard, which can wear down the tooth's surface and expose sensitive spots.

Look at your toothbrush and if bristles are pointing in multiple directions, you may be brushing too hard.

### Treatment options

Sensitive teeth can be treated, but the type of treatment depends on what is causing the sensitivity.

Possible causes include:

- Tooth decay (cavities)
- Fractured teeth
- Worn fillings
- Gum disease
- Worn tooth enamel
- Exposed tooth root

Your dentist may recommend you use a soft-bristle toothbrush or desensitizing toothpaste.



Desensitizing toothpaste contains compounds that help block transmission of sensation from the tooth surface to the nerve, and usually requires several applications before the sensitivity is reduced.

Other options include having your dentist apply a protective coating or fluoride gel to strengthen tooth

enamel.

If sensitivity is severe and persistent and cannot be treated by other means, your dentist may recommend a root canal to eliminate the problem.

### Talk to your dentist

Proper oral hygiene is the key to preventing sensitive-tooth pain.

Ask your dentist any questions you have about your daily oral hygiene routine or concerns about tooth sensitivity.